

## PART B - FEE(S) TRANSMITTAL

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**P.O. Box 1450**  
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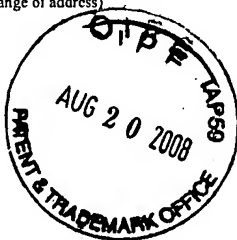
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25944

7590

06/20/2008

OLIFF & BERRIDGE, PLC  
 P.O. BOX 320850  
 ALEXANDRIA, VA 22320-4850



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/565,675

02/03/2006

Yohsuke Kinouchi

126748

2027

TITLE OF INVENTION: BLOOD-VESSEL-SHAPE MEASURING APPARATUS, BLOOD-FLOW-VELOCITY MEASURING APPARATUS, AND BLOOD-FLOW-AMOUNT MEASURING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO *Yes*~~\$1440~~ #720

\$300

\$0

~~\$1740~~

09/22/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FERNANDEZ, KATHERINE L

3768

600-409000

01 FC:2501

02 FC:1504

720.00 OP

300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Oliff &amp; Berridge, PLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

UNEX CORPORATION; THE UNIVERSITY  
 OF TOKUSHIMA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nagoya-shi, Japan; Tokushima-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed. CK #208981☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

John S. Kern

Date August 20, 2008

Typed or printed name

Registration No. 42,719

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